



<http://www.montgomerycountymd.gov/permittingservices/>

Credit Card Authorization Form

All information listed on this form shall be completed. Incomplete authorization forms will be returned to the applicant. Please provide the following information:

Permit Application or License Number: _____

I, _____ hereby authorize the
Print Name

Department of Permitting Services to charge my credit card

Check appropriate box

		Card No.	
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Expiration Date	M	Y	in the amount of	\$
	Month Year			

Card Owner Billing Address*: _____

* Zip code is required (Form without Zip Code will be returned)

Original Signature of Card Owner: _____ Date: ____/____/____

Third party authorization for use of Credit Card:

On the date of _____, I _____ hereby certify that the following named authorized user is authorized to charge my credit card on my behalf. The Card Owner shall submit a photo copy of his/her valid photo identification with this form (driver's license, MVA ID card, passport, military ID, or green card/ naturalization paper). The authorized User shall also present his/her valid photo identification to Department of Permitting Services during processing of the credit card.

Card Owner - Original Signature

Authorized Card User - Original Signature

Card Owner - Print Name

Authorized Card User - Print Name

Card Owner - Phone number

Authorized Card User - Phone number